| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155241 | A. BUILDING _____ B. WING _____ | C 03/31/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **FOREST CREEK VILLAGE** | **525 E THOMPSON RD INDIANAPOLIS, IN 46227** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00196078.<br><br>Complaint IN00196078 - Unsubstantiated due to lack of evidence.<br><br>Survey dates:<br>March 30 & 31, 2016<br><br>Facility number: 000145<br>Provider number: 155241<br>AIM number: 100275110<br><br>Census bed type:<br>SNF: 12<br>SNF/NF: 96<br>Total: 108<br><br>Census payor type:<br>Medicare: 16<br>Medicaid: 77<br>Other: 15<br>Total: 108<br><br>Sample: 3<br><br>Forest Creek Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00196078.<br><br>QR was completed by 99993 on 04/01/16. | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE